

The Australasian Society of Anaesthesia Paramedical Officers

Application for Voluntary Registration



Anaesthesia Paramedical Officers and Anaesthesia Technicians

ASAPO FORM 5/2008

Formerly known as the Australasian Society of Anaesthesia Technicians

ASAPO Secretary, PO Box M33, Missenden Road P.O. NSW 2050

Notes about this Application Form

To ensure the highest possible standards in anaesthesia practice in Australia, the Australasian Society of Anaesthesia Paramedical Officers, forthwith called the Society, is calling upon all persons who currently work either full time or part time or who are currently undertaking the recognised training to become an Anaesthesia Paramedical Officer / Technician to VOLUNTARILY REGISTER with this Society.

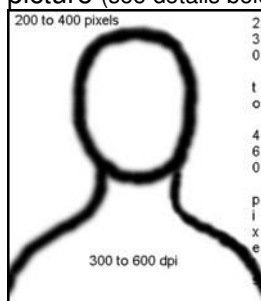
Only those who were trained and / or are currently working in Australia, New Zealand or who are registered with the Health Professionals Council in the United Kingdom may apply using this form.

ASAPO is seeking the guidance from the Department of Workplace Relations and The Department of Immigration to refine the overseas registration process. This Society receives advice from overseas registering bodies regarding those people who have been disqualified from working as an assistant to the anaesthetist.

The Society also asks that all providers of Anaesthesia Service ensure that they employ Anaesthesia Technicians/Paramedical Officers voluntarily REGISTERED with this Society.

Each application for registration must consist of

- ~ A completed application form.
- ~ The appropriate application fee.
- ~ A copy of any relevant license to practice or other professional registration certificate.
- ~ A copy of your certificate [degree, diploma, etc.]
- ~ A course transcript. [from your educational institution].
- ~ Employment confirmation
- ~ A copy of your marriage certificate, if you have changed your name.
- ~ A passport size photograph or digital picture (see details below).



- ~ Evidence of Continuing Professional Development from previous year (unless recent graduate)
- ~ A copy of the relevant page of your passport / Driver's License

NB - A Justice of the Peace or other authorised person eg committee member must sign all copies.

Application Form

Please use capital letters throughout and black ink. All photocopies of documents should be on the same size paper as this page [A4]. All pages of this application form must be completed. Should you make inquiries about the progress of your application, you must use the exact spelling that appears on your application form.

Fees

The current initial application fee is **AUD\$75.00**. *Do not send cash through the mail.*

Qualifications

A list of approved qualifications appears on page 4 of this application form.

The certificate course for Operating Theatre Attendants that was offered through the Mayfield Education Centre in Victoria and the Royal Perth six month anaesthetic course, do not meet the educational standards for Anaesthesia Paramedical Officers / Technicians. Applicants who have undertaken these or any other course not listed may still apply due to relevant industry experience, however a more in-depth process will be required.

Employment Confirmation*

You must submit a statement of service indicating the position you are appointed you're your employment status and length of employment from an authorised person within your Human Resources Department.

You must also submit your current Role (Position) Description and a reference from your line manger and / or a Fellow of the Australian and New Zealand College of Anaesthetists describing your role.

***MAY BE SUBJECT TO CONFIRMATION AND THE SOCIETY RESERVES THE RIGHT TO RELEVANT PERSONS PRIOR TO ACCEPTING REGISTRATION**

Continuing Professional Development

This Society along with Australia and New Zealand College of Anaesthetist's Policy Statement PS8 Assistant to the Anaesthetist requires ongoing maintenance of professional knowledge and skills. This may be achieved through self directed learning, accredited course, attendance at in-services, conferences and / or seminars, development and presentation of in-services and talks.

Code of Ethics

Once notified that your application has been accepted you will be subject to the 'Code of Ethics' issued by the Society.

Changing your Particulars.

It is most important that the National Register be maintained as up-to-date as possible. You are therefore required to notify the Society within two months of any change of name or any change of address. When you notify the Society please provide full personal details including address and your registration number.

Renewal of Registration

Registration is due for renewal upon the anniversary of your application approval date. The renewal fee is **\$75.00** per annum. *Do not send cash through the mail.*

You will be issued with your new card when payment and record evidence of 10 hours Continuing Professional Development has been received.

Student Registration

Students who are enrolled in the Diploma of Paramedical Science (Anaesthesia) or Certificate IV in Anaesthetic Technology, the current application fee is **AUD\$20.00** for Student Registration. Upon graduation students are able to apply for Full Registration. *Do not send cash through the mail.*

Application Form

Please use block letters to reduce errors in data entering

Personal Details

Lastname*	Firstname	Title Mr / Ms / Mrs / Dr
Date of Birth / /	Nationality	Gender Male / Female

* If your name is different on any documentation provided, please provide evidence of change eg marriage certificate

Contact Details

Postal Address			
Number & Street	Suburb	State	Postcode
Email	Phone		

Qualifications (Student applicants please indicate year you anticipate graduating)

Year Qualified	Institution / Hospital Name
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Please tick relevant qualification/s

<input type="checkbox"/>	HLT50607 – Diploma of Paramedical Science (Anaesthesia)
<input type="checkbox"/>	HLT50602 – Diploma of Anaesthetic Technology
<input type="checkbox"/>	CNO299 – Diploma of Applied Science (Anaesthetics)
<input type="checkbox"/>	Associate Degree/ Diploma in Clinical Techniques (Anaesthetics) (QLD)
<input type="checkbox"/>	Royal Brisbane Hospital Certificate (2yr FT)
<input type="checkbox"/>	ASAT (NSW) Diploma course
<input type="checkbox"/>	ASAPO Diploma Course
<input type="checkbox"/>	Associate Diploma of Health - Anaesthetic and Operating Theatre Technician
<input type="checkbox"/>	Certificate IV - Medical Technicians and Assistants – Anaesthetics (WA)
<input type="checkbox"/>	Diploma in Health (Anaesthetics)
<input type="checkbox"/>	Diploma in Applied Science (Anaesthesia) & NZSATS Certificate of Proficiency (NZ)
<input type="checkbox"/>	Certificate in Anaesthetic Technology & NZSATS Certificate of Proficiency (NZ)
<input type="checkbox"/>	Diploma of Health in Operating Department Practice (UK)
<input type="checkbox"/>	National Vocational Qualification in Operating Department Practice (UK)
<input type="checkbox"/>	Operating Department Assistant City & Guilds 752 (UK)
<input type="checkbox"/>	Other -

Other Qualifications

Year Qualified	Institution
Course Title	

Year Qualified	Institution
Course Title	

Employment Details (not applicable for students)

Employer Name

Employer Address			
Number & Street	Suburb	State	Postcode
Line Manager's Email		Phone	

Existing Registration Details[#]

Registering Body	Registration Number	Registration Expiry Date / /
Date Initially Registered / /	Country of Registration	

#Please provide a copy of existing registration details

Personal Conduct

Are you, or have you been, barred from practice in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been removed from the register of a professional or regulatory body? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a criminal conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any criminal proceedings currently filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: if your answer is Yes to ANY of these questions it does not necessarily mean that your registration will be declined. Please make a full, accurate and separate confidential disclosure of the circumstances.
CONDITIONS OF EMPLOYMENT - employers require a criminal record screen prior to employment.

Documentation to be provided

<input type="checkbox"/>	Copy of driver's licence and / or personal page of passport
<input type="checkbox"/>	Copy of qualification and course transcript
<input type="checkbox"/>	Statement of service from employer
<input type="checkbox"/>	Reference and role description
<input type="checkbox"/>	Passport sized photo
<input type="checkbox"/>	Evidence of 10 hours CPD from previous year
<input type="checkbox"/>	Copy of evidence of name change (if applicable)
<input type="checkbox"/>	Application fee
<input type="checkbox"/>	Copy of existing registration details

Declaration

If an applicant gains registration on the basis of incorrect information he/she may thereby gain advantage by deception which may constitute a criminal offence.

Inadvertent misrepresentation of information may imperil members of the public who will place a potentially unfounded faith in the skills of the technician. The onus for ensuring the full and accurate disclosure of information rests solely with the applicant.

Care of patients for which the technician does not have the necessary competence is defined as misconduct under the 'Code of Conduct' and could lead to the technician being deregistered and rendered ineligible to practice.

I declare that the information provided by me above is true and accurate at the time of signing this document. I understand that by including false or misleading information this may affect my application and my registration.

Signature _____ Date _____

Payment Details

All Prices include GST and are in AU\$. Send completed form to **ASAPO Secretary, PO Box M33, Missenden Road P.O. NSW 2050**

ABN 88 297 528 718

Please charge my Credit Card: Amount \$ _____

MasterCard Visa Bankcard Expiry Date: ____/____

Card Number: □□□□ □□□□ □□□□ □□□□

Card Holder's Signature:

Name on Card:

_____/_____

Please find cheque made payable to **ASAPO**: Amount \$ _____

Direct Deposit payment: Amount \$ _____ Date Paid: _____

Account details **ASAPO Conference Account** BSB 082 387 Account number 54301 0790

Reference number: your last name and year of birth eg harris72

Continuing Professional Development Record



Name: _____

Registration no.: _____

Hospital: _____

Date	Title (eg Gas Analyser workshop)	Start Time	Finish Time	Total Hrs	Outcome (eg updated skills/knowledge, new skill learnt)	Co-ordinator's Signature
Total Hours						